Request for Suspension of Tenure Probationary Period

Request for a one-year suspension of probationary time period as outlined in Section II B 2, Paragraph 5 of the WU Policy on Academic Freedom, Responsibility and Tenure.

Date: _____

Name: _____

Department: _____

Reason for Request: _____

_____

Period of Suspension: Start Date: July 1,_____

End Date: June 30, _____

NOTE: Suspension period must start and end with the academic year.

Requesting Faculty Signature: _____ Date: _____

Step 1: Department Chair Approval (Signature and Date)
Step 2: Submit to Office of Faculty Promotions and Career Development
Step 3: Associate Dean for Faculty Promotions and Career Development and Dean to review
Step 4: If approved, ADFPCD and Dean to sign and return copies (as noted below)
Step 5: If not approved, ADFPCD will provide written explanation to requesting faculty member and Department Chair

Approval Signatures:

Department Chair: _____ Date: _____

Assoc. Dean FPCD: _____ Date: _____

Dean: _____ Date: _____

Cc: Requesting Faculty Member
Department Chair
HR Faculty Appointments inbox, Human Resources